

LOCUST HILL CITIZENS ASSOCIATION
Comments Regarding EIS

Locust Hill Estates, through its neighborhood association known as Locust Hill Citizens Association ("LHCA"), hereby submits the following comments to the Draft Environmental Impact Statement (EIS) for the Base Realignment and Closure (BRAC) for the National Navy Medical Center (NNMC) in Bethesda, Maryland:

Locust Hill Estates is a Bethesda, Maryland neighborhood of single family homes, represented by the LHCA, which is bounded by 3 of the most heavily traveled roads in our area, the Capitol Beltway (I-495), Rockville Pike (355) and Cedar Lane. Locust Hill Estates is one block north of the NNMC. The residents of Locust Hill are very well aware of the traffic problems in our area. We are very supportive of the healthcare needs of our military; however, we are concerned about the significant impact of this BRAC on the already horrific traffic situation that affects us today. Our neighborhood is stressed by the volume of traffic that travels on Rockville Pike (355) and Cedar Lane every day, particularly during the extended morning and afternoon "rush" to and from work. The traffic already spills into our neighborhood in the form of significant "cut throughs" that often travel at high rates of speed, endangering the residents of our neighborhood. The LHCA is concerned that the BRAC action at NNMC will cause significant additional traffic on Cedar Lane and Rockville Pike, increasing the incentive for motorists to cut through our neighborhood.

General Comments

- **Further Independent Traffic Study Should be Pursued.** Given the critical nature of the traffic entering NNMC (employees as well as patients), it should be the Navy's goal that there be NO failed intersections in the surrounding area once the expansion is complete. This will accomplish the Navy's goal of providing timely, world-class military healthcare while allowing neighbors of NNMC to travel through the area and enjoy safety in their neighborhoods. We do not believe that the traffic studies included in the EIS are sufficient in scope to understand the full magnitude of the traffic problem surrounding NNMC. We would encourage

Navy to undertake a multi-day, all-day traffic study that determines traffic levels during "non-rush" periods as well. We also urge the Navy to keep in mind that even very small percentage increases in traffic, given the current intersection failures, can result in total gridlock and an inability for Navy employees, patients, and visitors to reach NMMC in a timely fashion.

- **The Federal Government Should Take More Responsibility for the Traffic Impact this Unique BRAC action will have on our Neighborhoods.** The EIS bases a shift of responsibility for road improvements to local and state governments on an inappropriate standard. That is, it states that the Navy is not permitted to provide funding or management of road improvements outside its property except under the Defense Access Roads (DAR) Program, which only allows the federal government to pay its "fair share" when there is an "unusual impact." EIS at pages 4-49-4-50, section 4.7.3.2. However, the definition used therein for "unusual impact" is a doubling of existing traffic. This is an inappropriate standard given the well-acknowledged unique aspect of this BRAC action being the only such action in a high-density urban setting. It is easily imagined that under more traditional BRACs, such as a new military installation in a rural setting, the standard requiring a doubling of traffic would be more common and appropriate. In such actions, doubling traffic on rural roads where nearly none exists prior to the BRAC, the "unusual impact" definition of twice existing traffic makes sense. Here, it would be nearly impossible to double traffic in an area in which several of the key intersections are already failing. LHCA urges the federal government to revise its standard for this type of urban BRAC and assume a more active role in funding and assisting in road improvements surrounding the NMMC. It should be the Navy's goal that there should be no failed intersections in the surrounding area after this BRAC action is concluded, not simply returning the intersection to a pre-BRAC level of failure. This would ensure reasonable access by emergency vehicles, patients, employees and visitors to the NMMC campus.
- **Continued Study and Consideration of the Beltway Slip Ramp Are Encouraged.** Given its position of being adjacent to the Beltway, and given the

obvious enormous increase in numbers of visitors and employees, rejecting the Beltway slip ramp at this time seems premature. The reasons given for such rejection (no significant improvement to conditions and statutory prohibition) are unpersuasive. Were the NNMC to require certain of its visitors and employees to use such a ramp in lieu of the local streets, it is impossible to imagine it not having more than the stated affect of "not significantly improv[ing] traffic congestion levels along the study area roadways." Traffic Study, page 68, Appendix C to EIS. In addition, we are familiar with Beltway modifications over the past 3-10 years in which such new exits were created where needed – for example, the new Rockledge exit just past the Old Georgetown Road exit as well as the Arena Drive Exit just past Landover Road, created when the Redskins built their new stadium in the 1990's. We strongly support direct access to and exit from the NNMC off of the Capitol Beltway (I-495), including, at least, a "slip ramp" on and off the Beltway. The EIS documents the significant positive impact of this option. It shows that 25% of the projected traffic (this does not include the mitigation of existing traffic as well) to NNMC would use a slip ramp (and likely much more if NNMC were connected to a "full" interchange at I-495. The study does not appear to show what the impact would be on existing traffic, but a ramp would presumably help with diverting that traffic as well). This will significantly help divert traffic off of the other roads surrounding our neighborhood and help the failing Cedar Lane/Rockville Pike Intersection particularly. We also believe that such an entrance and exit could also be used to benefit NIH if it were used in connection with a security inspection station and access to not only NNMC but also NIH across the street from NNMC, resulting in the removal of significant traffic from Route 355.

- We are concerned that the EIS does not sufficiently encourage use of public transportation, including 1) building bridge or tunnel pedestrian access to the Medical Center Metro station, 2) clustering buildings near the Metro, 3) reconfiguration of the security checkpoints especially at North Wood (to get traffic off of 355 so it doesn't queue on that road) and 4) reducing the number of additional parking spaces on campus to encourage people to take public

transportation (as outlined in more detail in the Action Committee for Transit (ACT) comments, filed April 15, 2007). Attach ACT comments as appendix

- We are concerned that the EIS traffic counts do not take into account new NIH facilities along Rockville Pike, including the Visitors Center and the Truck Inspection Station. In addition, it is not clear how the continued and future expansion of NIH is factored into the traffic studies.
- We support better pedestrian and bicycle access to NNMC and the Medical Center Metro, including an above or below grade (bridge or tunnel) way for people and bicycles to cross Rockville Pike. The EIS outlines a number of proposals for pedestrian and bicycle improvements that we support including 1) making it easier to cross Rockville Pike at Cedar Lane, and 2) improving the sidewalk on the NNMC side of Rockville Pike. We also urge consideration of easily accessible "drop-off" areas on the NNMC campus for automobiles and buses to drop off and pick-up employees and visitors and the addition of pedestrian entry gates such as NIH has implemented. We think any proposals that make it easier for people to commute and travel without getting in a car should be obvious choices that can be done easily and cheaply.
- We support the use of satellite parking by NNMC employees and contractors as well as encouragement, financial or otherwise, of the use of car pooling, Metro and other public transportation. Having endured many months of neighborhood streets crowded with construction workers during the recent NIH renovations, LHCA urges the NNMC to require as a condition to its contracts with its construction vendors that such companies provide off-site parking to its workers and shuttle them to the site. Locust Hill experienced many disconcerting moments of construction workers changing clothes outside of their cars while our children were getting off of school busses and residents being unable to park near their homes because of workers' cars taking all available spaces. Such impacts to surrounding neighborhoods should be prevented as they are so easily anticipated.
- We are concerned about the impact of increased traffic on the access of emergency vehicles (i.e., ambulances, fire trucks) to and from our neighborhood.

- We recommend creating a process for inclusion of community feedback into the planning and implementation after the final EIS is issued. We would like NNMC to implement a Community Relations/Liaison Council similar to NIH, that would meet on a regularly scheduled basis to discuss issues of interest to the surrounding community.

Specific Comments related to Locust Hill Estates

- It appears that the EIS traffic studies for each intersection (Appendix B to the Transportation Study) are only one day studies over limited time frames and do not accurately reflect actual traffic patterns in the area. It would be better to perform additional studies to confirm traffic volumes and flow.
- The traffic counts and studies, specifically at 355 and Cedar Lane, do not include the traffic that currently avoids the intersection by cutting through the Locust Hill neighborhood in the morning and evening. Therefore, the count of the turns made at the intersection of Cedar and Rockville Pike does not accurately reflect the total traffic flows and therefore cannot accurately reflect the traffic volume and flows at this critical intersection. For example, in 2005 the Maryland State Highway Association (SHA) performed a whole day study which showed that on regular weekdays from 2PM to 7PM there are between 80 and 100 vehicles per hour (many are vans and small trucks) turning into our neighborhood from Rockville Pike to Cedar Lane, a significant number of which are "cutting through". Please note that this traffic still cuts through even though there are signs prohibiting such traffic movements from 3PM to 7PM (there are signs facing southbound traffic on Rockville Pike that state: No Access to Cedar Lane from 3PM to 7PM). In our view this cut through traffic has only gotten worse since 2005. The BRAC will only increase the pressure to cut through our neighborhood. Ensuring that the intersections at Cedar Lane and Rockville Pike and the entrances and exits to NNMC and NIH are functional is critical.
- We believe that the EIS suggestion of an additional left-turn lane along the westbound approaches of Cedar Lane at Rockville Pike (a proposed Short Term

Mitigation Measure) is based upon faulty assumptions made in the EIS traffic study. The traffic study diagrams only one existing left turn lane from westbound Cedar Lane onto Route 355, when two existing left turn lanes now exist. If a corrected traffic study concludes that a third left turn lane would be beneficial, we encourage considering use of the existing 3 lanes as left turn lanes, at least for the necessary rush hours, in order to eliminate the negative impact of adding lanes, such as the loss of the well traveled bike path along Cedar Lane, and damage to the parkland, woodlands, wetlands and creek that run along the north side of east Cedar Lane. As an adjoining neighborhood to this intersection, we strongly recommend involvement of our community in any study of lane changes to this intersection.

- While the EIS makes no recommendation concerning a grade separated interchange at Cedar Lane and 355, we note that it does mention the County's plans for an interchange at that intersection. Our neighborhood is directly adjacent to this intersection and, therefore, we are very interested in any plans for changes at the intersection. We strongly encourage further study of any proposal for such an interchange at Rockville Pike and Cedar Lane so that any and all effects on our community, nearby neighborhoods, the adjoining parkland, creek and bike and walking paths (used daily by commuters), and traffic flow are fully considered. As an adjoining neighborhood, we feel strongly that we should be involved in any changes to and studies of this intersection.
- We are concerned about the impact of another traffic signal at the intersection of Rockville Pike (MD 355) and North Wood Road and the NIH Commercial Vehicle Inspection Station. The EIS proposes conducting a full intersection study, including a traffic signal warrant analysis for this location, and implement identified geometric and/or signalization improvements (proposed Short Term Mitigation Measure). Any such study must consider the impact of traffic backing-up and increasing "cut through" traffic in the affected neighborhoods.

LHCA appreciates the great deal of work that has clearly gone into the EIS. We remain optimistic that with appropriate coalition building of all of the stakeholders to

this BRAC that the realization of the goal of a world-class facility at the NNMC will be welcomed with pride as a member of our neighborhood.

Thank you for consideration of this submission.

Respectfully submitted,

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